

Margaret Bonderenko



## TOWN OF MENDON

TOWN CLERK

Mendon Town Hall

20 Main Street

Mendon, Massachusetts 01756

Telephone: (508)473-1085 Fax: (508)478-8241

## **BUSINESS CERTIFICATE**

### **Filing Information**

Required Filings for a business:

- 1) Letter of clearance from Building Department.
- 2) Business Certificate Filing Information Form.
- 3) Payment of \$40.00 submitted to the Town Clerk's office.

\* There is also a statement of discontinuance, change of residence, change of location, withdrawal or deceased from business or partnership form that needs to be filled out if any above reasons apply.

# **TOWN OF MENDON**

## **BUSINESS CERTIFICATE FILING INFORMATION**

**BUSINESS NAME:**

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**BUSINESS ADDRESS:**

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**OWNER (S) with Official Title:**

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**RESIDENTIAL ADDRESS:**

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**RESIDENTIAL PHONE NUMBER:**

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**NAME:**

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**RESIDENTIAL ADDRESS:**

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**RESIDENTIAL PHONE NUMBER:**

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**DESCRIPTION OF SERVICES OFFERED:**

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**DATE:**\_\_\_\_\_

**OFFICE OF THE TOWN CLERK  
20 MAIN STREET  
MENDON, MA 01756  
508-473-1085**

**FILING INFORMATION FOR A MENDON BUSINESS CERTIFICATE**

Business Certificate filings are required by law to protect consumers or creditors by identifying the names and addresses of the owners of a business. The filing of a business certificate does not protect a business name, as does a corporate filing or a trademark registration. A business certificate filing is commonly known as a “d/b/a” doing business as.

Information regarding the legal protection of a business name should be directed to: Secretary of the Commonwealth-Corporations Division or your own attorney.

Any person conducting business individually or as a partnership, in the Commonwealth of Massachusetts under any title or name other than one’s real name, must file a business certificate with the clerk in the city/town in which the business has an office/operates.

The certificate must include the full name and residence of each person conducting the business, also the place, including street and number where the business is conducted. Each person conducting business certifying that the statements are true must sign the certificate under oath. **The certificate must be signed in the presence of a Notary Public.**

All persons wishing to file a business certificate must produce evidence of his/her identity with picture, such as a current driver’s license.

The business certificate is not considered filed until all individuals conducting the business have taken oath, signed and been attested to by an appropriate authority.

Business Certificates are not required to be displayed, but you must provide a copy upon request, during regular business hours, to any person who has purchased goods or services from your business.

The business certificate is in effect for four (4) years from the date of filing. The fee in Mendon is \$40.00.

A Business Certificate only registers the business name. The Business Certificate is **not** a Permit to conduct business in a Residential District. The Business carries **no** Zoning Benefits. The applicant **must** comply with the Zoning By-Laws and other regulations.

A **Letter of Clearance** is required prior to filing a d/b/a from the Mendon Building Department to insure compliance with zoning regulations. **This letter is needed if you are starting a new business.**

Please direct any inquiries regarding a Letter of Clearance to the Mendon Building Department 508-473-2679. All other inquiries should be directed to the office of the Town Clerk.

EXPIRES:

BUSINESS CERTIFICATE \$40.00

*The Commonwealth of Massachusetts*  
**MENDON**

\_\_\_\_\_, 20\_\_\_\_

In conformity with the provisions of Chapter one hundred and ten, Section five of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title

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At an address of \_\_\_\_\_ *Name of Business* \_\_\_\_\_ in the Town of  
**Mendon, MA 01756**

By the following named persons.

*FULL NAME*

*RESIDENCE*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed:

**(Only sign in the presence of a notary)**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

*The Commonwealth of Massachusetts*

\_\_\_\_\_. ss. \_\_\_\_\_, 20\_\_\_\_

Personally appeared before me the above-named \_\_\_\_\_

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and made oath that the foregoing statement is true.

Expiration Date \_\_\_\_\_

(SEAL)

\_\_\_\_\_

\_\_\_\_\_

Title

*In accordance with the provisions of Chapter 337 of the Acts of 1985 and Chapter 110, Section 5 of the MA General Laws, Business Certificates shall be in effect for four (4) years from the date of issue and shall be renewed each four (4) years thereafter. A statement under oath must be filed with the Town Clerk upon discontinuing, retiring, or withdrawing from such business or partnership. Copies of such certificates shall be available at the address at which such business is conducted and shall be furnished upon request during regular business hours to any person who has purchased goods or services from such business. Violations are subject to a fine of not more than \$300.00 for each month during which such violation continues.*

COMMONWEALTH OF MASSACHUSETTS  
TOWN OF MENDON  
BUSINESS CERTIFICATE

**STATEMENT OF DISCONTINUANCE, CHANGE OF RESIDENCE, CHANGE OF LOCATION OF BUSINESS, WITHDRAWAL OR DECEASED FROM BUSINESS OR PARTNERSHIP.**

1. In Conformity with the provisions of Chapter 110, Section 5 of the MA General Laws, the undersigned hereby declare (s) that we (I) have this day

\_\_\_\_\_ Discontinued

\_\_\_\_\_ Withdrawn from

The business known as \_\_\_\_\_

Conducted at \_\_\_\_\_ Mendon, MA 01756 as set forth in the certificate filed on \_\_\_\_\_

And as attached.

NAME

ADDRESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. The location of the \_\_\_\_\_ business \_\_\_\_\_ my address as it appears on the attached certificate of

\_\_\_\_\_ filed on \_\_\_\_\_ has been changed

to \_\_\_\_\_.

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3. As Executor or Administrator for the Estate of \_\_\_\_\_ who died on

\_\_\_\_\_, I hereby request a \_\_\_discontinuance \_\_\_withdrawal of his /her name from the Business

Certificate attached filed on \_\_\_\_\_ in the name of \_\_\_\_\_.

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Signatures: \_\_\_\_\_

\_\_\_\_\_

On \_\_\_\_\_ the above named person(s) appeared before me and made oath that the foregoing statement is true.

\_\_\_\_\_ My commission expires: \_\_\_\_\_

Notary Public

Identification presented: \_\_\_\_\_